

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized CommitteeRECEIVED.  
SECRETARY OF THE SENATE

12 APR 13 PM 4:02

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Gillibrand for Senate

ADDRESS (number and street)

236 Massachusetts Ave NE

Suite 110

Check if different  
than previously  
reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00413914

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NY

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY  
01 / 01 / 2012MM / DD / YYYY  
01 / 01 / 2012MM / DD / YYYY  
01 / 01 / 2012

through

MM / DD / YYYY  
03 / 31 / 2012MM / DD / YYYY  
03 / 31 / 2012MM / DD / YYYY  
03 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karen Feldman

Signature of Treasurer Karen Feldman

Date

MM / DD / YYYY  
04 / 15 / 2012MM / DD / YYYY  
04 / 15 / 2012MM / DD / YYYY  
04 / 15 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)